

**RESERVE AND NATIONAL GUARD
FINANCE INPROCESSING CHECKLIST
FORT JACKSON, SOUTH CAROLINA**

Class#: _____

Processed By: _____

Date: _____

Fund Cite: _____ ICD: _____ PAS: _____ APC: _____

Name: _____ SSN: _____ Grade: _____ DOB: _____
Last, First, MI

Order #: _____ Date of Orders: _____ Unit Assigned: _____

Date Departed Home: _____ Tour Ending Date: _____

If address is different than shown on orders, enter desired address.

Home Address: Street: _____

City, State, Zip: _____

I understand that I am responsible for insuring that my Certificate of Performance is submitted to the Reserve Pay Unit, DMPO every 30 days and upon completion of my tour.

Member Signature: _____

-----**FOR FINANCE USE ONLY**-----

Authorized Travel Days: _____

Order: ☐ YES ☐ NO

DA5960: BAH ☐ YES ☐ NO

W4 ☐ YES ☐ NO

Marriage Certificate: ☐ YES ☐ NO

State Tax 1058: ☐ YES ☐ NO

Child's Birth Certificate ☐ YES ☐ NO

Divorce Decree ☐ YES ☐ NO ☐ N/A

FSA (DD1561): ☐ YES ☐ NO

Child Support Document ☐ YES ☐ NO

Lease/Mortgage ☐ YES ☐ NO

PAY OPTION(SF1199): ☐ YES ☐ NO

State Tax 2058: ☐ YES ☐ NO

Clothing Allowance(If Authorized): ☐ YES ☐ NO

Oath of Office ☐ YES ☐ NO

REMARKS: _____

